

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008203

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. -

Registrar's No. 59

STATE FILE NUMBER

**DECEASED FEB 19 1963**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in 1b <b>1 Month; 1 day</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>		d. STREET ADDRESS (If outside, give location) <b>Pilot Knob</b>	
3. NAME OF DECEASED (Type or print) First <b>HOMER</b> Middle <b>SMITH</b> Last <b>LAKE</b>		4. DATE OF DEATH Month <b>February</b> Day <b>10</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>March 17, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpentry and construction work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bridgeport, Illinois</b>	9. AGE (last birthday) <b>75</b>
11a. FATHER'S NAME <b>James Lake</b>		11b. MOTHER'S MAIDEN NAME <b>Ida Smith</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. SOCIAL SECURITY NO. <b>Mo. 9.</b>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial pneumonia, bilateral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic reaction.</b>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:35 P. M.</b> Month, Day, Year <b>Feb. 10, 1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Farmington, Missouri</b>	
21. I attended the deceased from <b>Feb. 5, 1963</b> to <b>Feb. 10, 1963</b> and last saw him alive on <b>Feb. 10, 1963</b>		22a. SIGNATURE <b>John C. Brennan, M.D.</b>	
22b. ADDRESS <b>State Hospital No. 4, Farmington, Missouri</b>		22c. DATE SIGNED <b>2-11-63</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 13, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K.P. Cemetery</b>	23d. LOCATION (City, town, or county) <b>Ironton, Missouri</b>
24. FUNERAL DIRECTOR <b>White Funeral Home, Farmington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 11, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Ether R. Ruff</b>			

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Rev. 4/59

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USE BLACK INK  
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TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

St. Francisco  
St. Francisco Township  
State of Missouri  
Feb 21 1963  
Missouri  
Missouri  
Missouri  
Missouri

February 10, 1963  
March 14, 1963  
March 14, 1963  
March 14, 1963  
March 14, 1963  
March 14, 1963  
March 14, 1963  
March 14, 1963

Records, State Hospital No. 4, Farmington, Mo.  
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_  
Chronic brain syndrome associated with cerebral arteriosclerosis

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
Mar. 14, 1963

Feb. 10, 1963  
Feb. 10, 1963  
Feb. 10, 1963  
Feb. 10, 1963  
Feb. 10, 1963  
Feb. 10, 1963  
Feb. 10, 1963  
Feb. 10, 1963

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

White Funeral Home, Farmington, Mo.